



Patrick K. Ryan, County Executive
www.ulstercountyny.gov/personnel/

Benefit Open Enrollment
October 16 — October 30, 2020

Benefit Plan Year
January 1 — December 31, 2021

2021 Non-Medicare Eligible Retiree Benefits Guide

Medical and Prescription Drugs, Dental, and Vision Plans



Benefits provided in association with



Questions | Help
[1-800-836-0026](tel:1-800-836-0026)

ULSTER COUNTY PERSONNEL DEPARTMENT
244 Fair Street, PO Box 1800, Kingston, New York 12402-1800
Main: (845) 340-3550
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Fax: (845) 340-3592

PATRICK K. RYAN
County Executive



SHEREE CROSS
Personnel Officer

JAMES FARINA
Director of Employee Relations

TO: Ulster County Retiree Health Insurance

Participant FROM: Sheree Cross, Personnel Officer

DATE: October 28, 2020

RE: 2021 Health Insurance Rates and Important Changes
For **Non-Medicare Eligible Retirees**

In 2021, the County will continue to offer Empire Blue Cross / Blue Shield PPO20 and Direct POS20 medical programs as provided in 2021. In addition, in 2020 we introduced a third option – the PPO25, and this plan option continues as well. Included on page 4 of this letter is a chart which shows the coverage and cost differences of the plans. You are encouraged to review the PPO25, especially if you live outside of the Hudson Valley and are currently paying for the more expensive PPO plan.

IF YOU DO NOT PAY A PREMIUM FOR YOUR COVERAGES OR IF YOU WISH TO MAKE A COVERAGE PLAN CHANGE, YOU MUST RESPOND TO THIS LETTER BY COMPLETING THE FORM ON THE BOTTOM OF PAGE 4 AND RETURNING IT DIRECTLY TO THE BENEFITS OFFICE BY NOVEMBER 30, 2020

The new premium amount for 2021 will begin with your December 15, 2020 premium payment withdrawal. Failure to provide funding for your premium will result in cancellation.

Medical and Prescription Benefit ID Cards – All Empire BCBS cards and Express Scripts cards will continue to be valid for 2021. If you choose to switch plans, you will receive new cards.

Medical Benefits - Coverage descriptions, and benefit comparisons are available on the Personnel Department website at:

<http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>
(click on '2021 Non-Medicare Eligible Retiree Health Insurance Benefit Information'), or from the Benefits Office.

We strongly encourage you to review the information provided. We encourage you to visit the **empireblue.com** website to see what programs your doctors may participate in, so you may make the best plan choice for you and your family. If you desire to make coverage changes, please inform the Benefits Office in writing of your new plan choice.

Dental Coverage - Our dental coverage is still provided by Met Life Dental. The coverages are identical to the 2020 coverages.

Vision Coverage - Our vision coverages remain with Davis Vision. No changes have been made and your current card will continue to be valid.

Please be reminded that the County offers a Medicare supplement health plan or a Medicare buyout to retirees when they become Medicare eligible. It is mandatory for retirees and dependents to switch to a Medicare plan immediately when said plan is available to them. Please notify the Employee Benefits Office three months prior to Medicare eligibility so that a smooth transition can be accomplished. Failure to notify the Benefits Department of Medicare eligibility will result in repayment of any claims payments made due to this error. Please call Kevin Roach, Employee Benefits Administrator; (845) 340-3545 to discuss your plan choices.

Urgent Care Out of Network Reminder – Our Urgent Care Copay, both in and out of network, is the same as your office copay. If you or a covered family member cannot locate an in-network urgent care center, you may go to an out of network center and pay the office visit copay. This is advantageous since the cost of going to the emergency room includes a copay of \$100 on the POS20 and PPO20, and \$200 for PPO25. This can be especially useful when you are traveling away from home.

Prescription Drug Coverage - Prescription coverage is provided by Rx Benefits for Express Scripts, Inc. The co-pays for prescriptions for 2021 are the same as 2020. The formulary is available at the website listed herein. The copays are: PPO20 - \$10/\$25/\$40 POS20 - \$5/\$20/\$40 PPO25 - \$10/\$25/\$40

Ulster Scripts Zero Co-pay Mail Order Brand Name Drug Program - For 2021, our non-Medicare eligible retirees may continue to purchase brand-name maintenance medications through a mail order program without paying any co-pay. The information and forms, including the list of available medications for the Ulster Scripts program, are available on the Personnel Department website in the aforementioned Benefits Book or at the Benefits Office. The Ulster Scripts (Certain Brand Name Drugs For Free) program is available to all retirees covered by the Empire Blue Cross Blue Shield plans. There have been changes to the classification of some drugs, so please check the formulary. **Medicare eligible retirees are not allowed to use the Ulster Scripts program.**

Live Health Online – Live Health Online continues as a covered benefit under our Health Plan. With a computer and webcam, or applicable smartphone app, you can talk to a medical professional 24/7, 365 days a year. You can be at home, at work, or out of town (though not all services may be available in all locations.) No appointment is necessary to speak with Live Health Online. This benefit saves time and costs the same as a primary care office visit. To activate your account, go to **livehealthonline.com** on your computer or download the appropriate application from your smartphone's app store.

Empire Blue Cross Blue Shield Premiums - The following chart shows the retiree share of monthly premium (*includes medical, prescription, dental and vision coverage*). **For your reference, your Ulster County percentage is printed after your name on your envelope label.**

If you have any questions, please call Kevin Roach, Employee Benefits Administrator at (845) 340-3545 or Mary Connolly, Employee Benefits Specialist, at (845) 340-3546.

More information about your coverages can be found at: <https://ulstercountyny.gov/personnel/index.html>

2021 Non-Medicare Eligible Retiree Rates					
UC %	TIER	POS20	PPO20	PPO25	D&V Only
50%	Retiree Only	\$440.21	\$626.63	\$397.58	\$18.96
	Retiree & Spouse	\$987.00	\$1,406.45	\$891.07	\$39.18
	Retiree & 1 Child	\$842.91	\$1,197.11	\$761.91	\$42.53
	Retiree & Children	\$927.16	\$1,318.65	\$837.63	\$42.53
	Family	\$1,363.27	\$1,941.18	\$1,231.11	\$57.39
60%	Retiree Only	\$352.16	\$501.30	\$318.06	\$15.16
	Retiree & Spouse	\$789.60	\$1,125.16	\$712.86	\$31.34
	Retiree & 1 Child	\$674.33	\$957.69	\$609.52	\$34.02
	Retiree & Children	\$741.73	\$1,054.92	\$670.10	\$34.02
	Family	\$1,090.62	\$1,552.94	\$984.88	\$45.91
70%	Retiree Only	\$264.12	\$375.98	\$238.55	\$11.37
	Retiree & Spouse	\$592.20	\$843.87	\$534.64	\$23.51
	Retiree & 1 Child	\$505.75	\$718.27	\$457.14	\$25.52
	Retiree & Children	\$556.30	\$791.19	\$502.58	\$25.52
	Family	\$817.96	\$1,164.71	\$738.66	\$34.43
75%	Retiree Only	\$220.10	\$313.32	\$198.79	\$9.48
	Retiree & Spouse	\$493.50	\$703.22	\$445.54	\$19.59
	Retiree & 1 Child	\$421.46	\$598.55	\$380.95	\$21.27
	Retiree & Children	\$463.58	\$659.32	\$418.81	\$21.27
	Family	\$681.64	\$970.59	\$615.55	\$28.70
80%	Retiree Only	\$176.08	\$250.65	\$159.03	\$7.58
	Retiree & Spouse	\$394.80	\$562.58	\$356.43	\$15.67
	Retiree & 1 Child	\$337.16	\$478.84	\$304.76	\$17.01
	Retiree & Children	\$370.86	\$527.46	\$335.05	\$17.01
	Family	\$545.31	\$776.47	\$492.44	\$22.96
85%	Retiree Only	\$132.06	\$187.99	\$119.27	\$5.69
	Retiree & Spouse	\$296.10	\$421.93	\$267.32	\$11.75
	Retiree & 1 Child	\$252.87	\$359.13	\$228.57	\$12.76
	Retiree & Children	\$278.15	\$395.59	\$251.29	\$12.76
	Family	\$408.98	\$582.35	\$369.33	\$17.22
90%	Retiree Only	\$88.04	\$125.33	\$79.51	\$3.79
	Retiree & Spouse	\$197.40	\$281.29	\$178.21	\$7.84
	Retiree & 1 Child	\$168.58	\$239.42	\$152.38	\$8.51
	Retiree & Children	\$185.43	\$263.73	\$167.52	\$8.51
	Family	\$272.65	\$388.23	\$246.22	\$11.48
95%	Retiree Only	\$44.02	\$62.66	\$39.76	\$1.90
	Retiree & Spouse	\$98.70	\$140.64	\$89.11	\$3.92
	Retiree & 1 Child	\$84.29	\$119.71	\$76.19	\$4.25
	Retiree & Children	\$92.72	\$131.86	\$83.76	\$4.25
	Family	\$136.33	\$194.12	\$123.11	\$5.74
100%	Retiree Only	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Spouse	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & 1 Child	\$0.00	\$0.00	\$0.00	\$0.00
	Retiree & Children	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00

Benefit Feature	POS20	PPO20	PPO25
Deductible	In Network: N/A OutNetwork: \$2,000/\$5,000	In Network: N/A OutNetwork: \$500/\$1,250	In Network: N/A OutNetwork: \$500/\$1,250
Out of Pocket Maximum	InNetwork: \$3,880/\$9,700 OutNetwork: \$8,000/\$20,000	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500
Coinsurance	InNetwork: N/A OutNetwork: 40%	InNetwork: N/A OutNetwork: 20%	InNetwork: N/A OutNetwork: 20%
In Network Copays Out of Network: Deductible & Coinsurance Apply			
Office Visit	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care
OutPatient Surgery	\$0 Copay	\$0 Copay	\$100 Copay
MRI/CAT/PET Scans	\$0 Copay	\$0 Copay	\$75 Copay
Urgent Care	\$20 Copay	\$20 Copay	\$25 Copay
Emergency Room	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$200 copayment <i>(waived if admitted w/in 24-hrs)</i>
Hospital Admission	\$0 Copay	\$0 Copay	\$200 Copay
Prescriptions (30-day Supply)	\$5 / \$20 / \$40	\$10 / \$25 /\$40	\$10 / \$25 /\$40

IF YOU DO NOT PAY A PREMIUM OR IF YOU WISH TO MAKE A PLAN CHANGE, YOU MUST COMPLETE THE FORM BELOW AND RETURN IT BY NOVEMBER 30, 2020 DIRECTLY TO: Kevin Roach, Ulster County Employee Benefits Office, P.O. Box 1800, Kingston, N.Y. 12402

I DO NOT PAY A PREMIUM, AND WOULD LIKE TO CONTINUE MY COVERAGE: _____

I WOULD LIKE TO SWITCH MY PLAN TO (CHECK ONE BELOW):

_____ **Empire BCBS POS20 Plan**

_____ **Empire BCBS PPO20 Plan**

_____ **Empire BCBS PPO25 Plan**

Signature

Printed Name

Date

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information.

While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about your Guide, contact Employee Benefits.

ACH Form for Ulster County Retirees

ACH Form for Relph Benefit Advisors Inc

AUTOMATIC PAYMENT (ACH) REQUEST FORM

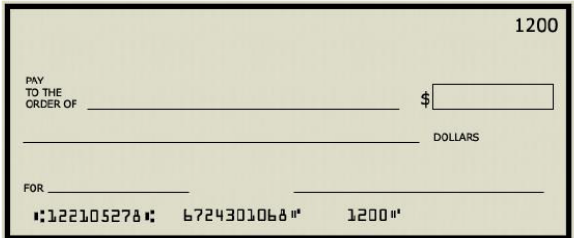
PLEASE READ:

1. For Retiree billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.
2. Complete Section 1 -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the required information.
4. If you do not supply a voided check, complete Section 2.
5. Complete Section 3 and mail the form along with your voided check to the address below.
6. When adding your ACH, please note we need to receive notification at least 10 days prior to the 1st of the month.
7. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to the 1st of the month of your request. If your request is received after this timeframe, we will continue to process your ACH as normal.
8. We are not able to process incomplete forms.

SECTION 1 - PARTICIPANT INFORMATION

<input type="checkbox"/> ADD AUTHORIZATION	<input type="checkbox"/> CANCEL AUTHORIZATION Effective:	<input type="checkbox"/> CHANGE AUTHORIZATION Effective:
Your Full Name (please print clearly)		Your Social Security Number □ □ □ - □ □ - □ □ □ □
Phone Number:		Member ID Number:

SECTION 2 - BANK ACCOUNT INFORMATION

Bank Name:	Account Type (check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Routing Number:	
Account Number:	
	

SECTION 3 - AUTHORIZATION SIGNATURE

Authorized Account Holder Signature	Date
--	-------------

SECTION 3 - AUTHORIZATION SIGNATURE

Authorized Account Holder Signature	Date
--	-------------

I authorize Relph Benefit Advisors Inc ("Company") to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any. This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize Company to make appropriate changes to my required premium deduction as necessary.

Return This Form & Check To: Relph Benefit Advisors Inc PO BOX 2167 Omaha, NE 68103-3850	All Other Questions & Support Issues: Relph Benefit Advisors 800 Parker Hill Drive-Suite 100 Rochester NY 14625 800-836-0026
Date Rec'd Date Processed	Processor V&V

Ulster County Retiree Health Insurance Enrollment Form

ULSTER COUNTY NON MEDICARE ELIGIBLE RETIREE INFORMATION FORM			
LAST NAME	FIRST NAME & MIDDLE INITIAL	DATE OF BIRTH	
HOME PHONE #	CELL PHONE #	PERSONAL EMAIL ADDRESS	
LEGAL ADDRESS: (Your Social Security / Medicare mailing address)			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
BILLING ADDRESS IF DIFFERENT FROM LEGAL ADDRESS:			
STREET NAME OR PO BOX	TOWN	STATE	ZIP
EMERGENCY CONTACT: (WE SUGGEST LISTING SOMEONE OTHER THAN A SPOUSE)			
LAST NAME	FIRST NAME	RELATIONSHIP	HOME TELEPHONE #
STREET ADDRESS OR PO BOX	TOWN	STATE	ZIP
PLAN CHOICE:			
INCLUDES DENTAL & VISION COVERAGE IN ALL OPTIONS			
EMPIRE PPO25	EMPIRE POS20	EMPIRE PPO20	DENTAL & VISION ONLY
RETIREE ONLY	RETIREE ONLY	RETIREE ONLY	RETIREE ONLY
RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE	RETIREE & SPOUSE
RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD	RETIREE & CHILD
RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN	RETIREE & CHILDREN
FAMILY	FAMILY	FAMILY	FAMILY
DEPENDENT LAST NAME	RELATIONSHIP	DATE OF BIRTH	
By signing below I am requesting Ulster County Personnel to enroll me in the selected Health Care Program or continue my coverage and I am agreeing to pay my share of the premium, and I attest the dependents as listed above meet the Ulster County eligibility criteria.			
RETIREE SIGNATURE:		DATE:	
FOR PERSONNEL DEPARTMENT USE ONLY:			
Retirement Date:		Date Employed:	
Effective Date of Retiree Coverage:		Department	
		Bargaining Unit:	
Comments:		% of Contribution:	

Benefit Enrollment Change Form

1 Employee Information <i>(please print)</i>	Group Name Ulster County		Billing Code		Employee Billing Code		Effective Date of Change			
	Last Name		First Name		M.I.		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
	Mailing Address <input type="checkbox"/> If, NEW				Social Security Number		Date of Marriage			
	City		State		Zip		Date of Divorce			
					Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home		Medicare Number (if any) / A&B Effective Dates			
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA							Date of Retirement		Retire Benefit %	
2 Benefit Election	<input type="checkbox"/> New Enrollment / Reinstatement <i>(Complete Section 3)</i>			Type	Plan	Individual	Individual + Spouse	Individual + Child	Individual + Children	Family
	<input type="checkbox"/> Change Coverage to: <i>(check new coverage)</i>			Medical with MetLife Dental & Davis Vision	<input type="checkbox"/> Empire POS 20					
	<input type="checkbox"/> Cancel Coverage: <i>(check those that apply)</i>				<input type="checkbox"/> Empire PPO 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add or Delete Dependent: <i>(Complete Section 4)</i>				<input type="checkbox"/> Empire PPO 25					
	<input type="checkbox"/> Active to Retiree Date:			Buy-Out/ Standalone Dental & Vision	No Medical MetLife Dental & Davis Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Change Enrollee's Information: <i>(complete Section 1 with new information)</i> Reason:			Waive All	<input type="checkbox"/>					
3 Dependent Coverage Information <i>(Circle elections and print information)</i> A =Add Coverage T =Terminate Coverage	List Applicant and All Eligible Dependents									
	Medical	Dental	Vision	Relationship	Name (Last, First, MI)	Date of Birth	Social Security #	Medicare Number (if any) A&B Effective Dates		
	A T	A T	A T	Self <input type="checkbox"/> M <input type="checkbox"/> F						
	A T	A T	A T	Spouse <input type="checkbox"/> M <input type="checkbox"/> F						
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter						
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter						
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter						
	A T	A T	A T	<input type="checkbox"/> Son <input type="checkbox"/> Daughter						
4 Dependent Status <i>(please print)</i>	Do your dependents reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, give address					Do you have a disabled dependent beyond age 26? <input type="checkbox"/> No <input type="checkbox"/> Yes, list name/s				
	Applicant's Signature					Date Signed		Employer's Signature		

Ways to \$ave Money on Your Health Care Expenses

For those who pay 10% 15% or 20% and are currently enrolled in the PPO20 you may want to consider choosing the PPO25 this year. This plan offers less money out of your paycheck. Pay for what you need at time of service.

The PPO25 plan provides same benefits as the PPO20 except that there are copays for some services and the provider office visit copayments are \$25/\$40. The PPO25 plan gives you access to the same local and national network of providers and provides lower co-pays on prescription coverage.

Benefit Feature	POS20	PPO20	PPO25
Deductible	In Network: N/A OutNetwork: \$2,000/\$5,000	In Network: N/A OutNetwork: \$500/\$1,250	In Network: N/A OutNetwork: \$500/\$1,250
Out of Pocket Maximum	InNetwork: \$3,880/\$9,700 OutNetwork: \$8,000/\$20,000	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500
Coinsurance	InNetwork: N/A OutNetwork: 40%	InNetwork: N/A OutNetwork: 20%	InNetwork: N/A OutNetwork: 20%
In Network Copays Out of Network: Deductible & Coinsurance Apply			
Office Visit	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care
OutPatient Surgery	\$0 Copay	\$0 Copay	\$100 Copay
MRI/CAT/PET Scans	\$0 Copay	\$0 Copay	\$75 Copay
Urgent Care	\$20 Copay	\$20 Copay	\$25 Copay
Emergency Room	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$200 copayment <i>(waived if admitted w/in 24-hrs)</i>
Hospital Admission	\$0 Copay	\$0 Copay	\$200 Copay
Prescriptions (30-day Supply)	\$5 / \$20 / \$40	\$10 / \$25 /\$40	\$10 / \$25 /\$40

As a reminder - the next time you or a covered family member needs immediate care, consider using the services of one of the many local Urgent Care facilities. You will only have to pay the regular office visit co-pay instead of the emergency room co-pay. A list of Urgent Care providers follows. Plan ahead, become familiar with the location of the one most convenient for you and your family.

For your medications, ask your physician to prescribe a generic instead of a brand name medication, or one on our formulary (list of included drugs) instead of a non-formulary choice. Your co-pay will be less in either of these situations.

- ▶ **Using mail order methods for medications** will save you one co-pay every three months. Many retail stores also have lists of certain medications they offer for even less than our co-pay. Always use your coverage card too, as that can make your payment even lower than their 3-month supply price. The co-pay is a maximum you can be charged so if the price is lower, you will only have to pay that amount.

NEW: You can also use Walgreens for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.

- ▶ **For brand name maintenance medications** (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our Express Scripts plan and your dependents can be found in this book and if your medication is on their available medications, you can receive a 3-month supply for NO co-pay.

Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. PH: 1-877-Talk2RN

(1-877-825-5276). Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.

Empire BCBS Website & TeleMedicine Instructions

Please select your account type.

☒ Medicare, Individual & Family, and Employer Group Plans

☐ Medicaid

Log In

[Forgot Username or Password? >](#)

[Not signed up? Register now. >](#)

At www.empireblue.com, Select Login

First time users-select Register now

Then have your Member ID card to complete your Registration, following the website prompts.

Have your member ID card handy? Use your member ID to register.

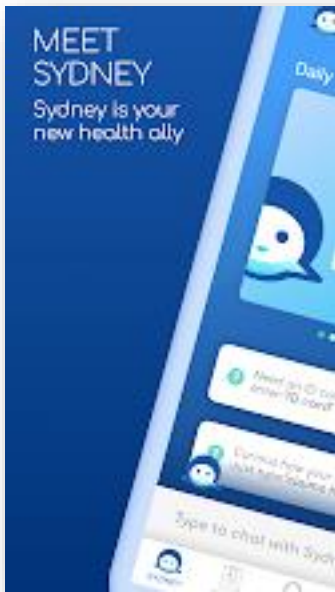
☒ Member ID ☐ Activation code ☐ Student ID

Member ID

Date of birth

First name

Last name



Get the App—Sydney Health

Save time with Live Chat. Find the information you need about your health care benefits by chatting with an Empire Rep in real time.

Telemedicine Services Online or Phone App



See a doctor, 24/7/ 365

Sign-up now, so you're ready when you need it.

Access LiveHealth Online via smart phone, tablet or computer

The LiveHealth Online app is available on both iOS and Android

Download on the App Store | GET IT ON Google play

Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2021 - POS 20

Benefit	In-Network ²	Out-of-Network ³
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Medical Cost Shares)	\$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care ¹	Member Pays	Member Pays
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$0 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{4,5}	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ⁷	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and coinsurance
Physical Therapy ⁴ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language ⁴ , Occupational ⁴ , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

Empire BCBS Summary of Benefits— POS20 Plan

Benefit	In-Network ²	Out-of-Network ³
Inpatient Care⁴		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care ⁸ As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification ⁸ (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation ⁸	\$0	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁴	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁴	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	In-network benefits apply

- (1) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (2) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (3) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (4) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.
- (5) For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly which outpatient services require pre-certification.
- (6) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.
- (7) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5th visit.
- (8) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

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Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

Your Summary of Benefits

County of Ulster 2021 – PPO 20

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / \$1,500 / \$3,750 Out-of-Pocket Max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care ⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$20 copayment	Deductible and Coinsurance
Online Visits	\$0 copayment	Deductible and Coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$20 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ¹⁰	\$20 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Vision Therapy	\$20 copayment	Deductible and Coinsurance

Empire BCBS Summary of Benefits—PPO20 Plan

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$20 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁹	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
Mental Health⁸	Member Pays In-Network	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care ⁹ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Alcohol/Substance Abuse⁸	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification ⁹ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation ⁹	\$0	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment ⁶	\$0	Deductible and Coinsurance
Prosthetics & Orthotics ⁶	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply

- (1) Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- (4) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include: mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (5) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (6) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- (7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- (8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (9) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- (10) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5th visit.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Empire BCBS Summary of Benefits—PPO25 Plan

Your Summary of Benefits



An Anthem Company

County of Ulster 2021 – PPO 25

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care ⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$0 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$25 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Chiropractic Care (Up to 30 visits per calendar year) ¹⁰	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy ⁵ (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language ⁵ , Occupational ⁵ (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

Empire BCBS Summary of Benefits—PPO25 Plan

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$25 / \$50 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁹	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
Mental Health⁸	Member Pays In-Network	
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Care ⁹ (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Alcohol/Substance Abuse⁸	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Detoxification ⁹ (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Inpatient Rehabilitation ⁹	\$200 copayment	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment ⁶	\$0	Deductible and Coinsurance
Prosthetics & Orthotics ⁶	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$50 copayment	Deductible and Coinsurance

- Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after the 5th visit.

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Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

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Urgent Care Facilities for the Ulster County Area

AMC EMERGNTCARE OF

Urgent Care In-Network
2976 Route 9W
Saugerties, NY 12477
PH: 845-247-9100

AMC EMURGENT CARE OF

Urgent Care In-Network
329 Glenmont Rd
Glenmont, NY 12077
PH: 518-264-5700

AMC EMURGENTCARE OF

Urgent Care In-Network
11835 State Route 9W
West Coxsackie, NY 12192
PH: 518-731-9000

COMMUNITY CR URGENT CARE

Urgent Care In-Network
391 Myrtle Ave, Ste 4D
Albany, NY 12208
PH: 518-207-2299

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
61 Emerald Place
Rock Hill, NY 12553
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
855 State Route
Monroe, NY 10950
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
155 Crystal Run Rd
Middletown, NY 10941
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
807 State Route 17M
Monroe, NY 10950
PH: 845-703-6999

CRYSTAL RUN HEALTHCARE

Urgent Care In-Network
1200 Route 300
Newburgh, NY 12550
PH: 845-703-6999

DIVINITY MED SRVCS PLLC

Urgent Care In-Network
3379 Crompond Rd
Yorktown Heights, NY 10598
PH: 914-930-5550

E GREENBUSH URGE CARE CTR

Urgent Care In-Network
2 Empire Dr, Ste 101
Rensselaer, NY 12144
PH: 518-286-4960

EMERG ONE URGENT CARE DI

Urgent Care In-Network
306 Windsor Nwy
New Windsor, NY 12553
PH: 845-787-1400

EMERGENCY ONE UCC

Urgent Care In-Network
4274 Albany Post Rd
Hyde Park, NY 12538
PH: 845-229-2602

EMERGENCY ONE UCC

Urgent Care In-Network
2555 South Rd
Poughkeepsie, NY 12601
PH: 845-330-3200

EMERG ONE URGENT CARE DI

Urgent Care In-Network
40 Hurley Ave Ste 4
Kingston, NY 12401
PH: 845-338-5600

EXCEL URGENT CARE FISHKILL

Urgent Care In-Network
1004 Main St
Fishkill, NY 12524
PH: 845-765-2240

EXCEL URGENT CARE

Urgent Care In-Network
1 Hatfield Ln
Goshen, NY 10924
PH: 845-360-5530

FIRST CARE MEDICAL PC

Urgent Care In-Network
222 State Route 299
Highland, NY 12528
PH: 845-691-3627

GARNET HEALTH URG CARE PC

Urgent Care In-Network
707 E Main St, FL 1
Middletown, NY 10940
PH: 845-333-7575

GARNET HEALTH URG CARE PC

Urgent Care In-Network
38 Concord Rd
Monticello, NY 12701
PH: 845-333-6500

HEALTH QUEST URGENT CARE

Urgent Care In-Network
1100 Route 55
Lagrangeville, NY 12540
PH: 845-485-4455

HQUMCP PC

Urgent Care In-Network
1351 Route 55 Ste 200
Lagrangeville, NY 12540
PH: 845-297-2511

HQUMCP PC

Urgent Care In-Network
1530 Route 9
Wappingers Falls, NY 12590
PH: 845-297-2511

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
78 Brookside Ave
Chester, NY 10918
PH: 845-469-2692

Urgent Care Facilities for the Ulster County Area

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
653 Harris Rd
Ferndale, NY 12734
PH: 845-292-2283

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
2 Edgewater Dr
Middletown, NY 10940
PH: 845-342-4774

MIDDLETOWN MEDICAL PC

Urgent Care In-Network
32 Thompson Square Mall
Monticello, NY 12701
PH: 845-794-1600

NORTH SHORE-LIJ URGENT CR

Urgent Care In-Network
28 Triangle Ctr, Ste 30
Yorktown Heights, NY 10598
PH: 914-266-3103

ORANGE URGENT CARE PLLC

Urgent Care In-Network
75 Crystal Run Rd Ste
Middletown, NY 10941
PH: 845-703-2273

PM PEDIATRICS OF BAYSIDE

Urgent Care In-Network 1989 Route
52 Ste 3 Hopewell Junction, NY
12533
PH: 845-897-4500

PULSE-MD URGENT CARE

Urgent Care In-Network 900 Route
376 Ste H
Wappingers Falls, NY 12590
PH: 845-204-9260

PULSE-MD URGENT CARE

Urgent Care In-Network
572 Route 6
Mahopac, NY 10541
PH: 845-621-3100

PULSE-MD URGENT CARE

Urgent Care In-Network 696
Dutchess Tpke,
Poughkeepsie, NY 12603
PH: 845-204-9260

QHC UPSTATE MEDICAL PC

Urgent Care In-Network
19 Prince St
Monticello, NY 12701
PH: 845-794-3547

RAPID CARE

Urgent Care In-Network
2827 US Highway 9
Valatie, NY 12184
PH: 518-758-4300

SHARON HOSPITAL

Urgent Care In-Network
50 Hospital Hill Rd
Sharon, CT 06069
PH: 860-364-4000

URGENT CARE DELMAR CC PHYS

Urgent Care In-Network
250 Delaware Ave, Ste 100
Delmar, NY 12054
PH: 518-439-8077

URGENT MEDICAL CARE PLLC

Urgent Care In-Network 10
Grandview Ave.
Catskill, NY 12414
PH: 518-943-9100

URGENT CARE MED OF NY LLC

Urgent Care In-Network
80 Route 6, Ste 704-705
Baldwin Place, NY 10505
PH: 914-358-9612

URGENT CARE MED OF NY LLC

Urgent Care In-Network
3085 E Main St, Ste 12A Mohegan
Lake, NY 10547
PH: 914-743-1881

WELLNOW URGENT CARE PC

Urgent Care In-Network
446 Fairview Ave, Ste 200
Hudson, NY 12534
PH: 518-267-3496

Rx Benefits / Express Scripts



Your prescription provider is **Express Scripts** and is administered by **Rx Benefits**.

PLAN	Rx CO-PAYS (Supply)
Empire—POS 20 Plan	\$5 / \$20 / \$40 (30-days)
Empire—PPO 20 & 25 Plans	\$10 / \$25 / \$40 (30-days)
Mail Order Prescriptions	2x CoPays (90-days)
Additional Support: 1-800-836-0026 Relph Benefit Advisors	

ID CARDS

If you need to fill a script prior to receiving your ID cards, the information your pharmacy needs in addition to your identification number or social security number is:

RXBIN: 610014

RXGRP: RXBULST

ISSUER: Express Scripts

Pharmacy Member Services: 1-800-334-8134

Pharmacist Helpdesk: 1-800-922-1557

VERIFY ELIGIBILITY

Email your requests to eligibility@rxbenefits.com.

Most requests are addressed within 12-hours of receipt or less.

Pharmacy Member Services: 1-800-334-8134

All benefit changes must be received from your benefits or HR department. If an update is needed, please reach out to one of these entities and request the necessary update. They will communicate this information to RxBenefits.

SERVICES

Member Service is Available:

For fastest service, please contact your member services team.

From 7:00 AM – 8:00 PM (CST) Mon – Fri

To Assist You With Any Questions or Concerns Regarding

- Eligibility Verification
- Claims Status
- Verification of benefits
- Coverage Determination/Inquiries
- Plan authorized overrides
- Pharmacy Information

Employees:

- Email: RxHelp@rxbenefits.com
- Member Services: 1-800-334-8134

MAIL ORDER & SPECIALTY

Member Services is best equipped to address your issues. A Representative will remain on the line with you, to act as your advocate, if there is a need to connect with the Prescription Benefits Manager (PBM) for problem resolution. We can assist you with getting their medications transferred from retail to mail order as follows:

- Offer a one-time courtesy override at their retail location during the transition, then
- Conference you in with the PBM's mail order center to have their account set-up and prescriptions moved, or
- Contact your physician on your behalf or advise how to have your doctor e-Scribe a new script to the PBM.

Express Scripts Formulary—2021

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PPO 20 & PPO 25 Copays (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays

POS 20 Copays (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays



EXPRESS SCRIPTS®

CHAMPIONS
FOR
BETTER™

2020 Express Scripts National Preferred Formulary

KEY
[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.
Generic drugs are listed
in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization
solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
APRISO
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLIK
ARNUTY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BARACLUDE SOLUTION
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES

BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREO ELLIPTA
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CABOMETYX
CARAC
CARAFATE SUSPENSION
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorhalidone
CIMDUO
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT

COMETRIQ
COPAXONE 40 MG [INJ]
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DARAPRIM
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
TRANSMITTER
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCUSA
EPIDIOLEX
EPIDUO FORTE

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

epinephrine auto-injector
(by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium
delayed-release
estradiol
estradiol patches
estradiol/norethindrone
acetate
ESTRING
eszopiclone
EUFLEXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE READER,
SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA

GILENYA
GILTRIF
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASST
guanfacine ext-release

H

HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
ILEVRO
INBRIA
INCRUSE ELLIPTA
indomethacin
INLYTA
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JIVI [INJ]
JULUCA
junel

(continued)

Go to express-scripts.com/2020drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
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POS 20 Copays (Retail-30-day supply): \$5/\$20/\$40, Mail order 90-day supply= 2-copays

junel fe	morphine sulfate ext-release	PAZEO	ropinirole	tri-lo-marzia
K	MOVANTIK	penicillin v potassium	rosuvastatin	trinessa
ketoconazole topical	MOXIFLOXACIN eye solution	PENTASA	RUBRACA	TRIPTODUR [INJ]
ketorolac	MUPIROCI	PERFOROMIST	RUCONEST [INJ]	tri-sprintec
KITABIS PAK	MUSE	PHOSLYRA		TRIUMEQ
KOGENATE FS [INJ]	MYDAYIS	PICATO		TRULANCE
KOVALTRY [INJ]	MYRBETRIQ	pioglitazone		TRULICITY [INJ]
KYLEENA		PLEGRIDY [INJ]	S	TYMLOS [INJ]
	N	polymyxin/trimethoprim eye solution	SAVELLA	
L	nabumetone	POMALYST	SEGLUOMET	U
labetalol	NAMZARIC	potassium chloride	SEREVENT DISKUS	UCERIS FOAM
lamotrigine	naproxen, naproxen sodium	ext-release	sertraline	UDENYCA [INJ]
lansoprazole delayed-release	NARCAN NASAL SPRAY	PRALUENT (NDCs starting with 00024) [INJ]	SIMPONI 100 MG (for ulcerative colitis only) [INJ]	UPTRAVI
LANTUS [INJ]	NASCOBAL	pramipexole	simvastatin	
latanoprost eye solution	neomycin/polymyxin/hydrocortisone ear solution	pravastatin	SKYLA	V
LATUDA	NEXIUM PACKETS	PRECISION XTRA METERS, TEST STRIPS	SKYRIZI [INJ]	valacyclovir
LEVEMIR [INJ]	niacin ext-release	B-KETONE STRIPS	SOLUQUA [INJ]	valsartan
levetiracetam	nifedipine ext-release	prednisolone acetate eye suspension	SOMATULINE DEPOT [INJ]	valsartan/hctz
levocetirizine	nitrofurantoin macrocrystal	prednisolone sodium phosphate	SOOLANTRA	VARUBI
levofloxacin	NITRO	prednisolone	spironolactone	VASCEPA
levothyroxine sodium	NIVESTYM [INJ]	pregabalin	sprintec	VELPHORO
lidocaine patches	NORDITROPIN [INJ]	PREMARIN CREAM	SPRYCEL	venlafaxine
LINZESS	nortriptyline	PREMARIN TABLETS	STEGLATRO	venlafaxine ext-release
liothyronine	NOVAREL [INJ]	PREMPHASE	STELARA SC [INJ]	VENTOLIN HFA
LIPOFEN	NOVOEIGHT [INJ]	PREMPRO	STRENSIQ [INJ]	verapamil ext-release
lisinopril	NOVOFINE AUTOSHIELD NEEDLES	PROAIR HFA	sulfamethoxazole/trimethoprim	VERZENIO
lisinopril/hctz	NOVOFINE NEEDLES	PROAIR RESPICLICK	sumatriptan	VIBERZI
LIVALO	NOVOTWIST NEEDLES	PROCIT [INJ]	SUNOSI	VIIBRYD
LO LOESTRIN FE	NUCALA [INJ]	progesterone micronized	SUPREP	VIMPAT
LOKELMA	NUCYNTA, NUCYNTA ER	PROLASTIN C [INJ]	SUTENT	VIOKACE
lorazepam	NUEDXTA	PROLENSA	SYMBICORT	VIZIMPRO
LORBRENA	nystatin	promethazine	SYMFI	VOSEVI
losartan	nystatin topical	promethazine/dextroan	SYMFI LO	VYVANSE
losartan/hctz		propranolol	SYMFI LO	
LOTEMAX	O	propranolol ext-release	SYMPLINPEN [INJ]	W
LOTEMAX SM	ODACTRA	PULMICORT FLEXHALER	SYMPROIC	warfarin
lovastatin	OFEV	PYLERA	SYNJARDY, SYNJARDY XR	
LUMIGAN	ofloxacin			X
LUPANETA [INJ]	olanzapine	Q	TACLONEX SUSPENSION	XALKORI
LUPRON DEPOT	olmesartan	QBREXZA	tacrolimus topical	XARELTO
LUPRON DEPOT-PED [INJ]	olopatadine eye solution	QNASL	tadalafil	XELJANZ, XELJANZ XR
	omega-3 acid ethyl esters	QUDEXY XR	TALZENNA	XIFAXAN
M	omeprazole delayed-release	quetiapine	tamoxifen	XIGDUO XR
MAYZENT	ondansetron	QUILLICHEW ER	tamsulosin ext-release	XIIDRA
meclizine	ondansetron orally disintegrating tablets	QUILLIWANT XR	TASIGNA	XOLAIR [INJ]
medroxyprogesterone	ONETOUGH KITS/METERS: ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX	QVAR	TAYTULLA	XTANDI
meloxicam	ONETOUGH TEST STRIPS: ULTRA, VERIO	QVAR REDIHALER	TAZORAC GEL	XULTOPHY [INJ]
metaxalone	ONEXTON		TAZORAC 0.05% CREAM	XYREM
metformin	OPSUMIT	R	TECFIDERA	Y
metformin ext-release	ORACEA	rabeprazole delayed-release	TEKTURN HCT	YONSA
methimazole	ORALAIR	RAGWITEK	terazosin	YUPELRI
methocarbamol	ORILISSA	raloxifene	terconazole vaginal	yuvafem
methotrexate	ORTHOVISC [INJ]	ramipril	testosterone cypionate [INJ]	
methylphenidate	oseltamivir	RASUVO [INJ]	THALOMID	
methylphenidate ext-release	OTEZLA	REBIF [INJ]	timolol maleate eye solution	
methylprednisolone	OTOVEL	RECTIV	tizanidine	Z
metoclopramide	OTREXUP [INJ]	RELISTOR [INJ]	TOBI PODHALER	ZARXIO [INJ]
metoprolol succinate	OVIDREL [INJ]	RELISTOR TABLETS	TOBRADEX OINTMENT	ZENPEP
ext-release	oxcarbazepine	REMICADE [INJ]	TOBRADEX ST	ZEPATIER
metoprolol tartrate	oxybutynin ext-release	REPATIA (NDCs starting with 55513) [INJ]	tobramycin eye solution	zolpidem
metronidazole	oxycodone	RESTASIS	tobramycin/dexamethasone eye suspension	zolpidem ext-release
metronidazole topical	oxycodone/acetaminophen	RETACRIT [INJ]	topiramate	ZOMIG NASAL
metronidazole vaginal	OXYCONTIN	REVUMID	TOUJEO [INJ]	ZTLIO
microgestin fe	OZEMPIC [INJ]	RHOPRESSA	TOVIAZ	ZUBSOLV
minocycline		risperidone	TRADJENTA	ZYLET
MIRENA	P	nizatriptan	tramadol	ZYTIGA 500 MG
mirtazapine	pantoprazole delayed-release		TRAVATAN Z	
MIRVASO	paroxetine hcl		trazodone	
MITIGARE			TRELEGY ELLIPTA	
moderiba			TREMFYA [INJ]	
mometasone			TRESIBA [INJ]	
MONOVISC [INJ]			triamcinolone topical	
montelukast			triamterene/hctz	

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Excluded Medications/Products at a Glance			
ABILIFY [^] ABILIFY MYCITE ABSTRAL ACIPHEX [^] ACIPHEX SPRINKLE ACUVAIL ADDIRCA [^] ADDERALL [^] ADLYXIN ADMELOG AKTIPAK AKYZEO CAPSULES ALBUTEROL SULFATE HFA ALCORTIN A ALOCIL ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE ALOMIDE ALTOPREV ALVESCO AMBIEN [^] , AMBIEN CR [^] AMPYRA [^] AMRIX [^] ANDROGEL 1% [^] ANUSOL-HC [^] APADAZ APIDRA ARANESP ARIMIDEX [^] ASACOL HD [^] ASPIRIN/OMEPRazole DR ATACAND [^] , ATACAND HCT [^] ATRIPLA AUBAGIO AUVI-Q AVALIDE [^] , AVAPRO [^] AVODART [^] AZOR [^] BARACLUDE TABLETS [^] BAYER (BREEZE, CONTOUR) BECONASE AQ BENICAR [^] , BENICAR HCT [^] BENZHYDROCODONE/ACETAMINOPHEN BERINERT BRAVELLE BRISDELLE [^] BUPAP [^] BUTRANS CELEBREX [^] CELEXA [^] CETRAXAL CHORIONIC GONADOTROPIN CIALIS [^] CINQUAIR CLIMARA PRO CLOCORTOLONE COLCHICINE COMPLERA COREG [^] CORTIFOAM COSOPT [^] COZAAR [^] , HYZAAR [^] CRESTOR [^] CUPRIMINE [^] CYMBALTA [^] CYTOMEL [^] DELSTRIGO DELZICOL [^] DETROL [^] , DETROL LA [^] DICLOFENAC EPOLAMINE PATCHES DIOVAN [^] , DIOVAN HCT [^] DIPENTUM DOXYCYCLINE 40 MG CAPSULES DOXYCYCLINE HYCLATE DR 80 MG	DUROLANE DUTOPROL DUZALLO EFFEXOR XR [^] ELIDEL [^] EMBEDA EMEND CAPSULES [^] , TRIFOLD PACK [^] EMEND POWDER PACKETS EMFLAZA ENDOMETRIN EPANED EPINEPHRINE AUTO-INJECTOR (BY IMPAX) EPOGEN ESTROGEL EVENITY EVZIO EXFORGE [^] , EXFORGE HCT [^] EXJADE [^] EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FEMRING FENOPROFEN CAPSULES FENORTHO FENTANYL CITRATE BUCCAL TABLETS FENTORA FIASP FLUOROURACIL 0.5% CREAM FML FORTE, FML S.O.P. FOCALIN [^] , FOCALIN XR [^] FOLLISTIM AQ FOSRENOL CHEWABLE TABLETS [^] FOSRENOL POWDER PACKETS GANIRELIX ACETATE [^] GEL-ONE GELSYN-3 GENVISC 850 GLEEVEC [^] GLUCOPHAGE [^] , GLUCOPHAGE XR [^] GLUMETZA [^] GOCOVRI ER GRANIX HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX [^] INDERAL LA [^] INGREZZA INSULIN LISPRO INTUNIV [^] ISTALOL [^] JADENU, JADENU SPRINKLE KAPSPARGO SPRINKLE KAZANO KEPPRA [^] , KEPPRA XR [^] KISQALI, KISQALI FEMARA CO-PACK KOMBIGLYZE XR LAMICTAL [^] , LAMICTAL ODT [^] , LAMICTAL XR [^] LAZANDA LEDIPASVIR/SOFOSBUVIR LEVALBUTEROL HFA LEXAPRO [^] LIBRAX [^] LIDOCAINE/TETRACAINE LIDODERM [^] LIPITOR [^] LOESTRIN [^] , LOESTRIN FE [^] LOTREL [^] LOVENOX [^] LUCEMYRA LULICONAZOLE LUNESTA [^] LYRICA [^] LYRICA CR	MAVYRET MAXALT [^] , MAXALT MLT [^] MAXIDEX METOPROLOL SUCCINATE/HCTZ ER MICARDIS [^] , MICARDIS HCT [^] MINASTRIN 24 FE [^] MINOLIRA MIRCERA MULPLETA NALFON CAPSULES NAMENDA XR [^] NASONEX [^] NATIONAL MEDICAL (ADVOCATE) NESINA NEUPOGEN NEURONTIN [^] NEVANAC NOCTIVA NORCO [^] NORVASC [^] NOVOLIN NOVLOG NUTROPIN AQ NUSPIN NUVIGIL [^] NUWIQ OMNARIS OMNIS HEALTH (EMBRACE, VICTORY) OMNITROPE ONGLYZA ONPATRO ONZETRA XSAIL ORFADIN ORTHO TRI-CYCLEN [^] , ORTHO TRI-CYCLEN LO [^] OSMOLEX ER OXYCODONE ER PANCREAZE PATADAY [^] PENNSAID PERTZYE PIFELTRO PIQRAY PLAQUENIL [^] PLAVIX [^] PRADAXA PRALUENT (NDCs starting with 72733) PRAVACHOL [^] PRED MILD PREGNYL PREVACID [^] , PREVACID SOLUTAB [^] PREZCOBIX PRILOSEC SUSPENSION PRISTIQ [^] PROLIA PROTONIX [^] PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL [^] PROZAC [^] PULMICORT RESPULES [^] QBRELIS QSYMIA RABEPRazole DR SPRINKLE RAPAFLO [^] RECOMBINATE RELION NOVOLIN RENAGEL [^] REPATHA (NDCs starting with 72511) RHOFADE ROCHE (ACCU-CHEK) SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAWAYA SEROQUEL [^] , SEROQUEL XR [^] SIGNIFOR LAR SIKLOS	SINGULAIR [^] SITAVIG SOFOSBUVIR/VELPATASVIR SOVALDI SPIRIVA HANDIHALER, SPIRIVA RESPIMAT SPRAVATO STIOLTO RESPIMAT STRATTERA [^] STRIBILD STRIVERDI RESPIMAT SUBSYS SUMAVEL DOSEPRO SUPARTZ FX SYMTUZA SYNVISCO, SYNVISCO-ONE TESTIM [^] TIKOSYN [^] TIMOPTIC OCUDOSE TIVORBEX TOBI SOLUTION [^] TOLSURA TOPAMAX [^] TOPICORT SPRAY TOPIRAMATE ER CAPSULES TRIBENZOR [^] TRICOR [^] TRILEPTAL [^] TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC TUDORZA PRESSAIR UNISTRIP UROKATRAL [^] VAGIFEM [^] VALIUM [^] VALTRES [^] VELTASSA VELTIN VERDESO FOAM VIAGRA [^] VICTOZA VICO-3 VIVELLE-DOT [^] VIVLODEX VYTORIN [^] WELLBUTRIN SR [^] XADAGO XALATAN [^] XANAX [^] , XANAX XR [^] XATMEP XELPROS XENAZINE [^] XOPENEX HFA XPOVIO XYNTHA, XYNTHA SOLOFUSE YASMIN [^] YOSPRALA DR ZAVESCA [^] ZEGERID [^] ZETIA [^] ZETONNA ZIOPTAN ZIPSOR ZOCOR [^] ZOLOFT [^] ZOMACTON ZOMIG TABLETS [^] , ZOMIG ZMT [^] ZONEGRAN [^] ZORVOLEX ZURAMPIC ZYCLARA ZYFLO CR [^] ZYTIGA 250 MG [^]

[^] Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

For more detailed Exclusion information, see the Reference Center www.aleraedge.com [ALERA GRAY]

Ulster Scripts Employee Program



Ulster Scripts Employee Program

Introduction:

Ulster Scripts is an international mail order option for eligible Employees, Retirees and Dependents of Ulster County, NY, currently covered by your county offered prescription coverage. Your list of qualified maintenance medications is on the reverse.

Copayments:

All member copayments have been waived for this program.

Ulster Scripts		Vs.	Current Purchase Plan			
Annual Cost No Copays!			Copays		Refills	Annual Savings
\$0		Vs.	\$25 (PPO)	x	12	= \$300 / Script
		Vs.	\$40 (PPO)	x	12	= \$480 / Script
		Vs.	\$20 (POS)	x	12	= \$240 / Script
		Vs.	\$40 (POS)	x	12	= \$480 / Script

Ordering Instructions:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification*.

**Similar to a number of states in the US, some Canarx pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site www.CanarxDocs.com. If not included, a Canarx representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a 3 month supply with 3 refills. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be taken for 30 days before ordering through Ulster Scripts.

RETURN YOUR COMPLETED AND SIGNED [ENROLLMENT FORM](#) AND [ORIGINAL PRESCRIPTIONS](#):



BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE

Faxed prescriptions are ONLY accepted if sent directly from the physician's office.

OR



BY MAILING TO: Ulster Scripts

235 Eugenie St. West
Suite 105D
Windsor, ON, Canada
N8X 2X7

OR P.O. Box 3009
Windsor, ON, Canada
N8N 2M3

More forms are available:

Additional forms may be obtained at the Personnel Department, by printing them from the website at www.UlsterScripts.com or by contacting our Customer Service Representatives toll free at 1-866-893-(MEDS) 6337.

WELCOME TO Ulster Scripts Employee Program

Ulster Scripts —Formulary



Ulster Scripts
Employee Program

For More Information: Call 1-866-893-MEDS (6337)

ABILIFY (G) 5MG ACTONEL 5MG ACTONEL 30MG ACTONEL 35MG ACTONEL 150MG ACTOPLUS 15MG-850MG ACZONE 5% ADCIRCA 20MG ADVAIR DISKUS 100MCG ADVAIR DISKUS 250MCG ADVAIR DISKUS 500MCG ADVAIR HFA 45/21MCG ADVAIR HFA 115/21MCG ADVAIR HFA 230/21MCG ALOCRIL 2% ALOMIDE 0.1% ALPHAGAN-P 0.15% ALREX 0.2% ANAPROX DS 550MG ANORO ELLIPTA 62.5/25MCG APTOM 200MG APTOM 400MG APTOM 600MG APTOM 800MG ARCAPTA NEOHALER 75MCG ARNUTY ELLIPTA 100MCG ARNUTY ELLIPTA 200MCG AROMASIN 25MG ARTHROTEC 50MG ARTHROTEC 75MG ASACOL HD 800MG ASTAGRAF XL 1MG ASTAGRAF XL 5MG ATACAND 4MG ATACAND 8MG ATACAND 16MG ATACAND 32MG ATACAND HCT 16MG/12.5MG ATACAND HCT 32MG/12.5MG ATELVIA DR 35MG ATROVENT HFA 20UG AUBAGIO 14MG AVANDIA 2MG AVANDIA 4MG AZELEX 20% AZILECT 0.5MG AZILECT 1MG AZOPT 1% AZOR 20/5MG AZOR 40/5MG AZOR 40/10MG BANZEL 200MG BANZEL 400MG BECONASE AQ 42MCG BENICAR (G) 20MG BENICAR (G) 40MG BENICAR HCT (G) 20MG/12.5MG BENICAR HCT (G) 40MG/12.5MG BENICAR HCT (G) 40MG/25MG BENZACLIN PUMP BETIMOL 0.25% BETIMOL 0.5% BETOPTIC S 0.25% BINOSTO 70MG BREO ELLIPTA 100/25MCG BREO ELLIPTA 200/25MCG BRILINTA 60MG BRILINTA 90MG BYSTOLIC 2.5MG BYSTOLIC 5MG BYSTOLIC 10MG BYSTOLIC 20MG CADUET 5/10MG CADUET 5/20MG CADUET 5/40MG CADUET 5/80MG CADUET 10/10MG CADUET 10/20MG CADUET 10/40MG CADUET 10/80MG CAMBIA 50MG CARDURA XL 4MG CARDURA XL 8MG CELEBREX 100MG	CELEBREX 200MG CLARINEX 5MG CLIMARA PATCH 25MCG CLIMARA PATCH 50MCG CLIMARA PATCH 75MCG CLIMARA PATCH 100MCG COMBIGAN 0.2-0.5% COMBIVENT RESPIMAT 20MCG/100MCG COMTAN 200MG CRESTOR (G) 5MG CRESTOR (G) 10MG CRESTOR (G) 20MG CRESTOR (G) 40MG CRINONE GEL 8% DAURINEP 500MCG DETROL 1MG DETROL 2MG DETROL LA 2MG DETROL LA 4MG DEXILANT DR 60MG DEXILANT DR 60MG DIFFERIN CREAM 0.1% DIFFERIN GEL 0.1% DIFFERIN GEL 0.3% DIOVAN (G) 40MG DIOVAN (G) 80MG DIOVAN (G) 160MG DIOVAN (G) 320MG DIPENTUM 250MG DIPROLENE OINT 0.05% DIVIGEL 0.25MG DIVIGEL 0.5MG DIVIGEL 1MG DUAVERE 0.45-20MG DULERA 100MCG/5MCG DULERA 200MCG/5MCG DYMISTA 137/50MCG EDARBI 40MG EDARBI 80MG EDARBYCLOR 40MG/12.5MG EDARBYCLOR 40MG/25MG EDECIN 25MG ELIDEL 1% ELIQUIS 2.5MG ELIQUIS 5MG ELMIRON 100MG ENABLEX 7.5MG ENABLEX 15MG ENTOCORT 3MG ENTRESTO 24MG-26MG ENTRESTO 49MG-51MG ENTRESTO 97MG-103MG EPIIDUO GEL PUMP 0.1%/2.5% EPIPEN 0.3MG EPIPEN JR 0.15MG EPIVIR/HBV 100MG ESTROGEL 0.06% EUCRISA 2% EVISTA 60MG EXELON 4.6MG/24HR EXELON 9.5MG/24HR EXELON 13.3MG/24HR EXFORGE HCT 160/12.5/5MG EXFORGE HCT 160/12.5/10MG EXFORGE HCT 160/25/5MG EXFORGE HCT 160/25/10MG EXFORGE HCT 320/25/10MG FARESTON 60MG FARXIGA 5MG FARXIGA 10MG FELDENE 10MG FELDENE 20MG FETZIMA 20MG FETZIMA 40MG FETZIMA 80MG FETZIMA 120MG FINACEA GEL 15% FLAREX 0.1% FLOVENT 44MCG 50MCG FLOVENT 110MCG 125MCG FLOVENT 220MCG 250MCG FLOVENT DISKUS 100MCG FLOVENT DISKUS 250MCG FOSRENOL CHEW 500MG FOSRENOL CHEW 750MG FOSRENOL CHEW 1000MG	FOSRENOL POWDER 750MG FOSRENOL POWDER 1000MG FROVA 2.5MG GENVOYA 150-150-200-10MG GILENYA 0.5MG GLUCAGEN HYPOKIT 1MG GLUMETZA ER 1000MG IMITREX AUTOINJECTOR STATDOSE 6MG/0.5ML IMITREX NASAL SPRAY 5MG-2DOSE IMITREX NASAL SPRAY 20MG-2DOSE INCRUSE ELLIPTA 62.5MCG INDERAL LA 60MG INDERAL LA 80MG INDERAL LA 120MG INDERAL LA 160MG INVEGA 3MG INVEGA 6MG INVEGA 9MG INVOKAMET 50MG-500MG INVOKAMET 50MG-1000MG INVOKAMET 150MG-500MG INVOKAMET 150MG-1000MG INVOKANA 100MG INVOKANA 300MG IRESSA 250MG ISOPTO CARPINE 1% ISOPTO CARPINE 2% ISOPTO CARPINE 4% JALYN 0.5MG/0.4MG JANUMET 50/500MG JANUMET 50/1000MG JANUMET XR 50MG/500MG JANUMET XR 50MG/1000MG JANUMET XR 100MG/1000MG JANUVIA 50MG JANUVIA 100MG JARDIANCE 10MG JARDIANCE 25MG JENTADUETO 2.5MG-500MG JENTADUETO 2.5MG-850MG JENTADUETO 2.5MG-1000MG JUBLIA 10% KEPPRA (G) 250MG KEPPRA (G) 500MG KEPPRA (G) 750MG KEPPRA (G) 1000MG LATUDA 20MG LATUDA 40MG LATUDA 60MG LATUDA 80MG LATUDA 120MG LESCOL XL 80MG LEXIVA 700MG LIALDA 1.2GM LINZESS 72MCG LINZESS 145MCG LINZESS 290MCG LOCODI LIPOCREAM 0.1% LOTEMAX GEL 0.5% LOTEMAX OINT 0.5% LOTEMAX SUSP 0.5% LOVENOX 40MG LOVENOX 60MG LOVENOX 80MG LOVENOX 100MG LUMIGAN 0.01% MESNEX 400MG MESTINON TS 180MG METRO CREAM 0.75% METROGEL PUMP 1% MICARDIS HCT 40/12.5MG MICARDIS HCT 80/12.5MG MICARDIS HCT 80/25MG MIGRANAL 4MG/ML MIRAPEX ER 0.375MG MIRAPEX ER 0.75MG MIRAPEX ER 1.5MG MIRAPEX ER 2.25MG MIRAPEX ER 3MG MIRAPEX ER 3.75MG MIRAPEX ER 4.5MG MIRVASO 0.33% MULTAQ 400MG	MYRBETRIQ 25MG MYRBETRIQ 50MG NAMENDA 10MG NEUPRO 1MG NEUPRO 2MG NEUPRO 3MG NEUPRO 4MG NEUPRO 6MG NEUPRO 8MG NEXIUM 20MG NEXIUM 40MG NEXIUM DR 10MG NORITATE CREAM 1% OMNARIS 50MCG ORILISSA 150MG ORILISSA 200MG OTEZLA 30MG PENTASA 500MG PRADAXA 75MG PRADAXA 150MG PRED FORTE 1% PREMARIN 0.3MG PREMARIN 0.625MG PREMARIN 1.25MG PREMARIN CREAM 0.625MG/GM PREMPRO 0.3MG/1.5MG PREVACID SOLUTAB 15MG PREVACID SOLUTAB 30MG PRISTIQ 50MG PRISTIQ 100MG PROMETRIUM 100MG PROTOPIC OINT 0.03% PROTOPIC OINT 0.1% QVAR REDHALER 40MCG QVAR REDHALER 80MCG RANEXA 500MG RAPAFLO 4MG RAPAFLO 8MG RAPAMUNE 0.5MG RAPAMUNE 2MG RELPAZ 20MG RELPAZ 40MG RENAGEL 800MG REVELA 800MG RESTASIS VIALS 0.05% RETIN A MICRO GEL PUMP 0.04% RETIN-A MICRO GEL PUMP 0.1% REXULTI 0.25MG REXULTI 0.5MG REXULTI 1MG REXULTI 2MG REXULTI 3MG REXULTI 4MG SAPHRIS 5MG SAPHRIS 10MG SEASONIQUE 0.15/0.03/0.01MG SENSIPAR 30MG SENSIPAR 60MG SEREVENT DISKUS 50MCG SEROQUEL XR 50MG SEROQUEL XR 150MG SEROQUEL XR 200MG SEROQUEL XR 300MG SEROQUEL XR 400MG SIMBRINZA 1%/0.2% SOOLANTRA 1% SPIRIVA 18MCG SPIRIVA RESPIMAT 2.5MCG STARLIX 60MG STARLIX 120MG STIOLTO RESPIMAT 2.5/2.5MCG STRATTERA 10MG STRATTERA 18MG STRATTERA 25MG STRATTERA 40MG STRATTERA 60MG STRATTERA 80MG STRATTERA 100MG STRIBILD SYNAREL NASAL SYNJARDY 5MG/500MG SYNJARDY 5MG/1000MG SYNJARDY 12.5MG/500MG SYNJARDY 12.5MG/1000MG TARKA 2/180MG	TARKA 4/240MG TASMAR 100MG TAZORAC CREAM 0.05% TAZORAC CREAM 0.1% TAZORAC GEL 0.05% TAZORAC GEL 0.1% TECFIDERA 120MG TECFIDERA 240MG TEKTURN 150MG TEKTURN 300MG TEKTURN HCT 150-25MG TEKTURN HCT 300-12.5MG TEKTURN HCT 300-25MG TIVICAY 50MG TOBREX OINT 0.3% TOVIAZ 4MG TOVIAZ 8MG TRADJENTA 5MG TRAVATAN Z 0.004% TRELEGY ELLIPTA 100-62.5-25MCG TRIBENZOR 20/5/12.5MG TRIBENZOR 40/5/12.5MG TRIBENZOR 40/5/25MG TRIBENZOR 40/10/12.5MG TRIBENZOR 40/10/25MG TRINTELLIX 5MG TRINTELLIX 10MG TRINTELLIX 20MG TRIMEQ 600-50-300MG TUDORZA PRESSAIR 400MCG TWYNSTA 40/5MG TWYNSTA 40/10MG TWYNSTA 80/5MG TWYNSTA 80/10MG UCERIS 9MG ULORIC 80MG UROKIT-K 10MEQ URSO 250MG VAGIFEM 10MCG VECTICAL 3MCG/GM VENTOLIN HFA 90MCG VESICARE 5MG VESICARE 10MG VIIBRYD 10MG VIIBRYD 20MG VIIBRYD 40MG VIREAD 300MG VIVELLE-DOT 25MCG VIVELLE-DOT 37.5MCG VIVELLE-DOT 50MCG VIVELLE-DOT 75MCG VIVELLE-DOT 100MCG VRAYLAR 1.5MG VRAYLAR 3MG VRAYLAR 4.5MG VRAYLAR 6MG VYTORIN 10/10MG VYTORIN 10/20MG VYTORIN 10/40MG VYTORIN 10/80MG WELCHOL 625MG WELCHOL PACKET 3.75G WELLBUTRIN XL (G) 150MG WELLBUTRIN XL (G) 300MG XADAGO 50MG XADAGO 100MG XARELTO 2.5MG XARELTO 10MG XARELTO 15MG XARELTO 20MG XELJANZ 5MG XELJANZ XR 11MG XELODA 500MG XENICAL 120MG XIGDUO XR 5/1000MG XIGDUO XR 10/500MG XIGDUO XR 10/1000MG XIIDRA 5% YASMIN 28 YAZ 30.02MG ZELAPAR 1.25MG ZETIA (G) 10MG ZOMIG NASAL SPRAY 5MG ZOMIG ZMT 2.5MG ZOVIRAX CREAM 5% ZYCLARA CREAM 3.75%
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NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

September 2020

Ulster Scripts—Employee Enrollment Form



Ulster Scripts Employee Program

Canarx Enrollment Form

MEMBER ID #:

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-715-(MEDS) 6337
OR ~ MAIL TO: *Ulster Scripts*, P.O. BOX 3009, WINDSOR, ON, CANADA, N8N 2M3 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337

PATIENT INFORMATION: Birthdate ☐ SUBSCRIBER
MM/DD/YYYY ☐ SPOUSE
☐ DEPENDENT

Phone (Home) Phone (Work or Cell)

First Name (please print) Initial Last Name

Street Address

City/State Zip Code

NOTE:

Please request a 3-month supply of medication with 3 refills.

New-to-you medications must be domestically prescribed, filled and taken for a period of no less than 30 days.

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. (THIS IS NOT A PRESCRIPTION.)

Name of Medicine	Dosage	Time(s) to Take	Date Started	Reason for Taking
<i>Ex. Januvia</i>	<i>Ex. 50mg</i>	<i>Ex. Twice Daily</i>	<i>Ex. 8/20/2017</i>	<i>Ex. Diabetes</i>

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.)

☐ Male ☐ Female

(i) Operations: e.g., Hysterectomy, Gall bladder, Heart operations, etc.

(ii) Hospitalizations: (stays in hospital during the past 5 years)

(iii) Present illness: (ongoing) e.g., Diabetes, Heart disease, Osteoporosis, etc.

(iv) Drug allergies: ☐ NO ☐ YES If yes, please specify:

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature

Date: (MMDDYY)

AUTHORIZATION IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient Signature:

Date: (MMDDYY)

Ulster Scripts—Enrollment Form / Agreement

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with Canarx Group Inc. at Christ Church, Barbados (referred to as "Canarx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask Canarx to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask Canarx to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through Canarx.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from Canarx or any Canarx selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through Canarx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by Canarx, I will immediately contact my U.S. physician.
14. All information that I give to Canarx is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint Canarx and its delegates and contractors (collectively referred to as "Canarx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. Canarx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. Canarx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to Canarx (and any Canarx selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, X-ray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to Canarx from my U.S. physician's office the original signed copy of the prescription.
6. Canarx and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. Canarx selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. Canarx may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through Canarx in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgements and releases to Canarx and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any Canarx selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a Canarx selected pharmacy.
2. Canarx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a Canarx selected physician and have enlisted the services of Canarx to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release Canarx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the Canarx selected pharmacy.
6. I acknowledge that Canarx, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the Canarx Privacy Policy in detail as provided below:

1. Canarx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. Canarx and Canarx selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, Canarx selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that Canarx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that Canarx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to Canarx's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that Canarx will obtain health information about me, and is obligated in accordance with the Canarx Privacy Policy to protect such information. I can visit www.canarx.com/privacy-policy/ at any time to view the most updated version of the Canarx Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release Canarx and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by Canarx in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

Dental Plan—MetLife

Group ID Number: 217284

PROVIDER: METLIFE ELIGIBILITY	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 26
Deductibles Waived for Diagnostic & Preventive & Orthodontics	\$50 per person / \$150 per family each calendar year Yes
Maximums Diagnostic & Preventive counts toward maximum	\$1,500 per person each calendar year Yes

Benefits & Covered Services*	In-Network Providers Negotiated Fee Schedule	Out-of-Network* Providers R & C 90 th Percentile
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants	100%	100%
Basic Services -Fillings	80%	80%
Endodontics (root canals)	80 %	80 %
Periodontics (gum treatment)	80 %	80 %
Oral Surgery	80 %	80 %
Major Services -Crowns, inlays, onlays & cast restorations	50%	50%
Prosthodontics -Bridges, dentures, implants, TMJ	50%	50%
Orthodontic Benefits -dependent children to age 19	50%	50%
Orthodontic Maximums	\$1500 Lifetime	\$1500 Lifetime

* **Out of Network benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary (R & C) charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice—in or out of the network.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Dental Plan—MetLife / Find a Dental Provider

Select: PDP Plus Network

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



Step 1:
Go to [metlife.com](https://www.metlife.com)



Step 2:
Select "I want to find a MetLife:"

Click "Dentist" and enter your ZIP Code, and select your network.



Step 3:
Advanced Search

Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.

I am interested in:

Please Select Insurance Type

GO

I want to find a MetLife:

Dentist Vision Provider

SUBMIT



MetLife Network: Preferred Dentist Plus Network (PDP Plus)

Group ID Number: 217284



The County of Ulster

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Local, Regional, & National providers including Empire Visionworks, Vision Excel, Kenko, Dr. Joseph Cohen, and Walmart.

For a complete list of providers and more details about the plan please log onto the Open Enrollment section of our Member site at davisvision.com or call

**1.877.923.2847 and
Enter Client Code 2769**

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹ (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance ²	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount ² Specialty Contacts ³ : 15% discount ²	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ²	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions® etc.) ⁴	\$110	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$0
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions® ⁴	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$65

Savings up to:
\$449

¹The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

²Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

³Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁴Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

Vision Plan—Davis Vision

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 2769.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$0
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Ultraviolet Coating	\$25	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
Standard Progressive Addition Lenses	\$198	\$0
Premium Progressives Addition Lenses	\$247	\$40
Ultra Progressives Addition Lenses	\$369	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ¹	\$110	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Transitions® is a registered trademark of Transitions Optical, Inc.

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$50
 Spectacle Lenses (per pair) up to:
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100
 Elective Contacts up to \$105, Visually Required Contacts up to \$225

Important Notice (Medicare Part D)

Effective Date: January 1, 2021

If you and/or your dependent(s) have Medicare or will become eligible for Medicare in the next 12-months, please take special care in reviewing this notice.

You should keep this notice where you can find it!

This notice has information about your current prescription drug coverage and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Ulster County** has determined that the prescription drug coverage offered is on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered **Creditable Coverage**.

Because the coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

3. **Ulster County** has determined that the prescription drug coverage is on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered **Non-Creditable Coverage**.
☒ Not Applicable ☐ Applicable

This is important because for most people enrolled in the above NON-CREDITABLE plans, enrolling in Medicare prescription drug coverage means you will get more assistance with drug costs than if you had prescription drug coverage exclusively through the above NON-CREDITABLE plans.

Consider enrolling in Medicare prescription drug coverage. You can keep your **Non-Creditable coverage** from

You can keep the coverage regardless of whether it is as good as a Medicare drug plan. However, because **Non-Creditable Coverage** is, on average, NOT at least as good as standard Medicare drug coverage, you may pay a higher premium (a penalty) if you decide later to join a Medicare drug plan.

4. **You have decisions to make about Medicare prescription drug coverage** that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully—it explains your options.

Important Notice (Medicare Part D)

- **Why is your decision so important?**

You should also know that if you drop or lose your coverage with

Ulster County

and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

- **When to enroll?**

You can join a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. This may mean that you have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. Additionally, if you decide to leave your employer sponsored plan, you will be eligible to join a Part D plan at that time using an employer group Special Enrollment Period.

If you do decide to enroll in a Medicare prescription drug plan and drop your current prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

- **You need to make a decision!**

When you make your decision, you should also compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

For more information about this notice or your current prescription drug coverage—

Contact our office for further information at **845-340-3545**

Note: You will receive this notice annually and at other times in the future such before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook from Medicare. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

- **Visit www.medicare.gov**
- **Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,**
- **Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.**

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778)

Remember! Keep this Creditable/Non-Creditable Coverage Notice. If you decide to join one of the Medicare drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

For Assistance

Client Services



**Relp Benefit Advisors
Customer Care**

1-800-836-0026

Reimbursement Claims

1-800-622-6233



Reimbursement Website

www.aleraedge.com

Click PARTICIPANT LOG IN

Select AleraPay from the Drop-Down menu
Follow the prompts to Log in to your Account
as a New Plan Member.

Insurance Carrier Contact Information

Many websites require registration to login using information from your ID card and SSN.

Benefit	Insurance Provider	Website
Medical	Empire BlueCross BlueShield	www.empireblue.com
Prescriptions	Express Scripts	www.express-scripts.com
Mail Order Prescriptions	Ulster Scripts	www.ulsterscripts.com
Dental	MetLife	www.metlife.com
Vision	Davis Vision	www.davisvision.com